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## BIB DATA SHEET

CONFIRMATION NO. 4457

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/567,806    |                                  | 418   | 3748           | M03B119             |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB04/03429 08/10/2004      YES    TT

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0319513.8 08/19/2003      YES    TT

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

07/01/2006

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Met after Allowance<br>TT Initials | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | UNITED KINGDOM   | 14              | 14 <i>18</i> | 4                  |

**ADDRESS**

Edwards Vacuum, Inc.  
 55 MADISON AVENUE  
 Suite 400  
 MORRISTOWN, NJ 07960  
 UNITED STATES

**TITLE**

Scroll compressor with multipile isolated inlet ports

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1100 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |   | <input type="checkbox"/> Other _____                         |
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